

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC

**440-2007-03487**

**Illinois Department Of Human Rights**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

**Mrs. Deborah J. Gaspari**

Home Phone (Incl. Area Code)

**(708) 371-0690**

Date of Birth

**07-07-1951**

Street Address

City, State and ZIP Code

**15143 Harding, Midlothian, IL 60445**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**ADOVACTE CHRIST MEDICAL CENTER**

No. Employees, Members

**500 or More**

Phone No. (Include Area Code)

**(708) 684-8000**

Street Address

City, State and ZIP Code

**4440 West 95th Street, Oak Lawn, IL 60453**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

**02-15-2007**

**03-02-2007**



CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

I began employment with Respondent in August 1991. My last position was Licensed Practical Nurse. On or about February 15, 2007 I was placed on a Performance Deficiency Plan for a 90-day period. On or about March 2, 2007 I was constructive discharged from employment.

I believe I have been discriminated against because of disability in violation of the Americans with Disabilities Act of 1990.

**RECEIVED EEOC**

**MAR 02 2007**

**CHICAGO DISTRICT OFC**

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

**Mar 02, 2007**

Date

*Deborah J. Gaspari*  
 Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
 (month, day, year)